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NURSES' SHOES

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Although the nurse needs a proper shoe no less than does the soldier, comparatively little organized effort has been made to furnish suitable footwear for her. The result is often unfortunate in causing discomfort to the nurse and limiting the efficiency of her service through unnecessary and avoidable fatigue.

The statistics of the selective service in the last war brought out the mortifying fact that one in twenty of our healthy young men were disqualified from service on account of foot disabilities. That this should have been the case among the young and active, suggests a much greater proportion of partly disabled individuals in the rest of the community.

Fortunately, experience has shown that these disabilities are largely remediable and preventable if proper precautions and care are taken in selecting footwear fitted for the occupation and needs of the wearer. Every one knows that it is necessary to discard the shoe that pinches, while working, but many do not realize that it is even more important to avoid the shoe which weakens. The evil result of ignoring this fact is often gradual in its development, and the sufferer is unaware of his or her disability, of its cause, and of the proper remedy.

It must be borne in mind that the shoe should not be fitted to the fleshy contour of the foot, but to the structure of the articulated bones, and should be able to accommodate itself to the natural function and action of the foot and its various articulations.

The foot is wonderfully constructed to adapt itself to different strains incident to the movements of activity and to the effort of weight bearing. This strain changes with the different positions in which the body is placed. The runner, the weight bearer, the athlete, the active walker, the individual accustomed to a leisurely gait, the dancer, all bring constant strain on the muscles and ligaments of the feet in different ways. From this it is evident that the lady, whose chief effort is in stepping from and into her motor car, can be comfortable in different shoes from those required by the nurse or the active housekeeper; who, again, need different shoes than are necessary for those active in movement over uneven ground and in heavy toil.

In the standing position, the weight falls chiefly upon the heel, but when the body is inclined slightly forward, the front of the foot

is needed to give steadiness. Where but little weight comes upon the foot, the strain on the front of the foot is slight, but for lifting, or active movements in a position reaching forward, more support is necessary from the forward part of the foot. This is furnished normally by the spreading of the front of the foot, and in case of heavy lifting, by the pressure of the toes, especially the great toe, upon the ground or floor. The front of the foot is also needed in ascending or descending long flights of stairs. These activities are all required of a nurse in active work, and for their performance, free play in the joints of the feet is required, and also the normal strength not only of the leg muscles, but also of those in the sole of the foot and those governing the spreading of the foot and the movement of the toes.

It will be easily seen that footwear shaped so as to limit the normal action of the various parts of the foot not only hampers such action, but weakens the muscles by depriving them of their normal activity.

It is often supposed that the foot, if bound or tightly laced, can be made capable of more efficient service. Although this may be true for a short time in disabled feet, it is manifest that any foot binding is ultimately injurious. It is for this reason that closely fitted shoes and bandages are to be avoided. The use of arch supporters and similar contrivances are merely like crutches,—the expedients of the disabled.

It is, of course, supposed that only able-bodied and healthy women can regard themselves as qualified to undertake nursing. The experience of the late war has demonstrated clearly that the ordinary foot disabilities can be overcome by suitable gymnastic treatment. Any nurse, therefore, finding herself suffering from weak feet can, by proper treatment, be brought to a state of capable service if she is properly advised as to proper shoes and as to the necessary measures to be taken to strengthen the foot and leg muscles, and to correct faulty foot attitudes which she may have acquired.

From the foregoing it is evident that the nurse's shoe should allow free toe action and a suitable spread of the front of the foot. For this it is necessary that the inner line of the shoe should be straight, that the shoe should not be pointed, and that the upper should be full, avoiding binding the toes down too tightly, or crowding them together, permitting normal movements of the toes. It is also necessary that the tread of the shoe should be sufficiently broad, and that the shank of the shoe should not be so narrow or so highly arched as to prevent the ball of the great toe from having the ability to furnish a firm base of support, when the weight of the body falls upon

the inner side of the foot. The heel of the shoe should be broad and low, giving a firm and not an uncertain basis of support when weight falls upon it.

One fact is constantly overlooked by last makers and shoe dealers, especially in fashioning women's shoes, viz., that in the strong position of the foot, (where the body weight falls directly over, or slightly to the outside, the mid line of the foot) the inner side of the foot is much higher than the outer. In the majority of women's shoes, however, the lasts are made with the inner side of the front of the shoe on nearly the same plane as the outer. The shoe is flattened quite far back towards the instep. The wearer of such a shoe, the upper of which is firmly fastened to the sole, in order to adapt herself with comfort to the shoe, is obliged to assume a more or less splayfooted attitude. In other words, the ankle falls inward and downward, the inner arch is lowered and, if weight falls upon the foot, undue strain comes upon the inner and under side of the arch of the foot.

In extreme cases, irritation of the foot ligaments results, which may develop eventually rigid and painful flatfoot, but where this does not follow the habit of a faulty attitude, the weak position becomes established, and the foot efficiency of the individual is thereby impaired.

The manufacturer's reason for shaping shoes in this manner is that the lasts so fashioned furnish a shoe less likely to give, after long wear, ugly and unstylish wrinkles of the upper. The foot is sacrificed to the style of the shoe. Various measures have been advised to meet this difficulty, which is not overcome simply by making the front of the shoe broad as well as flat. It is necessary that free play should be given to the strong bone on the inner side of the foot, (the first metatarsal), the chief truss to the inner arch. If this bone does not give adequate support, the ankle drops inward and downward, and the foot is in a weakened position. This defect in the shape of ordinary shoes is recognized in the manufacture of many athletic shoes, for baseball and football players, and skaters, and in some gymnasium shoes.

In designing shoes for nurses, however, the need of a neat appearance of the shoe must be recognized. It is impossible to ignore the importance of custom and style. Shoes have long since passed the stage of simple foot covering, and have become a part of costume and fashion which cannot be entirely disregarded. As an illustration of this fact, two instances can be mentioned. A lady of heavy frame consulted a physician for foot disability. The condition was evidently due to improper shoes, which threw her feet out of line. As her life was an active one, she desired to be free from foot fatigue.

The use of suitable shoes was advised but was regarded by the lady as impossible from the fact that she was an active platform speaker for the Woman's Suffrage cause, and a disregard of stylish appearance in costume would, she thought, weaken her influence as a speaker. Another similar instance can be mentioned. An energetic lady in charge of a physical culture gymnasium wished advice as to the proper footwear for the gymnastic class of young lady pupils, students for teaching positions in girls' gymnasiums. When advised the use of moccasins, she objected on the ground that her pupils needed stylish slippers and would be unwilling to accept other footwear.

Any one familiar with the various styles of shoes, as well as the disabilities of the feet, is aware that ugly and unsightly shoes, "freak" or queerly constructed boots and shoes, are not necessary to give proper action and play to the muscles and bones of the feet. Shoes of excellent appearance, which do not in any way hamper the feet for any service required by a nurse, can easily be designed and made marketable. For this is needed the coöperative efforts of shoe manufacturers and heads of nurses' training schools and nurses' associations. A comprehensive consideration of the subject would supply the market with proper shoes, and would be of great assistance to those engaged in the nursing profession. If properly placed on the market they would undoubtedly be met by an adequate demand.

In brief, there is a need for a proper nurse's shoe, which should be neat in style, and which must not hamper the action of the nurse's foot.

MATERNITY CENTER WORK¹

BY ANN STEVENS, R.N.

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It is not my purpose to go into the details of the history or the organization of the Maternity Center Association, but to give a bird's-eye view of the actual nursing work of the Association.

It may be remembered that at the suggestion of a committee of obstetricians, Manhattan was divided into ten zones, and it was planned to have Maternity Centers in each of these zones, each center to consist of an examining room for patients, a dressing room in order to assure privacy, and a waiting room made as nearly like a comfortable sitting room as possible, where there could be a continuous

¹ Read at a meeting of the New York State Nurses' Association, Brooklyn, October, 1919.